



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E451809**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	<b>15-01787</b>		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK	<b>LOCKING MAILBOX AND POST</b>

DATE OF COLLISION	<b>07</b>	-	<b>16</b>	-	<b>2015</b>	TIME (2400)	<b>2238</b>	COUNTY #	<b>31</b>	MILES	<b>N</b>	<b>E</b>	IN	<input checked="" type="checkbox"/>	CITY #	<b>0664</b>
												S	<b>W</b>	OF	<input type="checkbox"/>	

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

**VERNON RD** BLOCK NO. ☒ **10600**

MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET)

☐ FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **HAMIK** FIRST NAME **ANTHONY** MIDDLE INITIAL **L**

STREET NEW ADDRESS ☐ **929 58TH PL SW**

CITY **EVERETT** ST **WA** ZIP **982035907**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **HAMIKAL125NT** STATE **WA** SEX **M** D.O.B. **08** - **30** - **1988**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **ACR9591** STATE **WA** VIN# **JF1GR7E64BG816512**

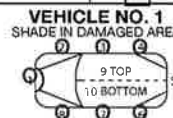
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2011** MAKE **SUBA** MODEL **IMP5D** STYLE **SW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **ANTHONY HAMIK 929 58TH PL SW EVERETT WA 98203**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **ALLSTATE 987246933**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # **5Z0823530** CHARGE **RECKLESS DRIVING**



UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4253224303** **N: 4252894686**

LAST NAME **MATTHEWS** FIRST NAME **PAULA** MIDDLE INITIAL **J**

STREET NEW ADDRESS ☐ **10621 VERNON RD**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **F** D.O.B. **05** - **06** - **196 0**

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

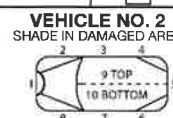
LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CITATION # CHARGE



OFFICER'S NAME (PRINT) **C. LYONS #0134** BADGE OR ID # **0134** AGENCY **WA0311900**

DADT A



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E451809

CASE #

15-01787

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SANTJER JIMMY L																			
ADDRESS & PHONE #		15311 170TH DR SE MONROE WA 982722610												SEX	M	D.O.B. MMDDYYYY	12	-	10	-	1987
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)		HAGAR ARTHUR G																			
ADDRESS & PHONE #		10831 VERNON ROAD LAKE STEVENS WA 98258 4253441247												SEX	M	D.O.B. MMDDYYYY	03	-	19	-	1964
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)		MATTHEWS PAULA J																			
ADDRESS & PHONE #		10621 VERNON ROAD LAKE STEVENS WA 98258 4253224303												SEX	F	D.O.B. MMDDYYYY	05	-	06	-	1960
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES			

NARRATIVE

Witness vehicle stated two cars racing behind him southbound on Vernon Road. Witness stated vehicles must have been going over 50mph in a 25mph speed zone. Witness vehicle stated vehicle 1 swerved to miss rearending him, hit raised curbing on east side of Vernon Road, swerved across Vernon Road taking out a mailbox on west side of the road. Vehicle 1 then overcorrected from loose dirt on the west side and spun out of control, blowing out all tires on Vernon Road until coming to a stop hitting brick walling at 10624 Vernon Road.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS #0134

08-14-15 06:58 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 079

8/14/2015 11:35:28 AM

BADGE OR ID #	0134	ORI #	WA0311900	TIME POLICE DISPATCHED	10:58 PM	TIME POLICE ARRIVED	11:01 PM
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1591972

CORRECTION

REPORT NO.

**E451809**

CASE #

**15-01787**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>REYNOLDS SARA D</b>																
ADDRESS & PHONE #		<b>10701 VERNON ROAD LAKE STEVENS WA 98258 4253446941</b>						SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>02</b>	-	<b>09</b>	-	<b>1985</b>			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>REYNOLDS TAIYA M</b>																
ADDRESS & PHONE #		<b>10701 VERNON ROAD LAKE STEVENS WA 98258 4253446941</b>						SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>12</b>	-	<b>01</b>	-	<b>1998</b>			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

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**C. LYONS #0134**

**08-14-15 06:58 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

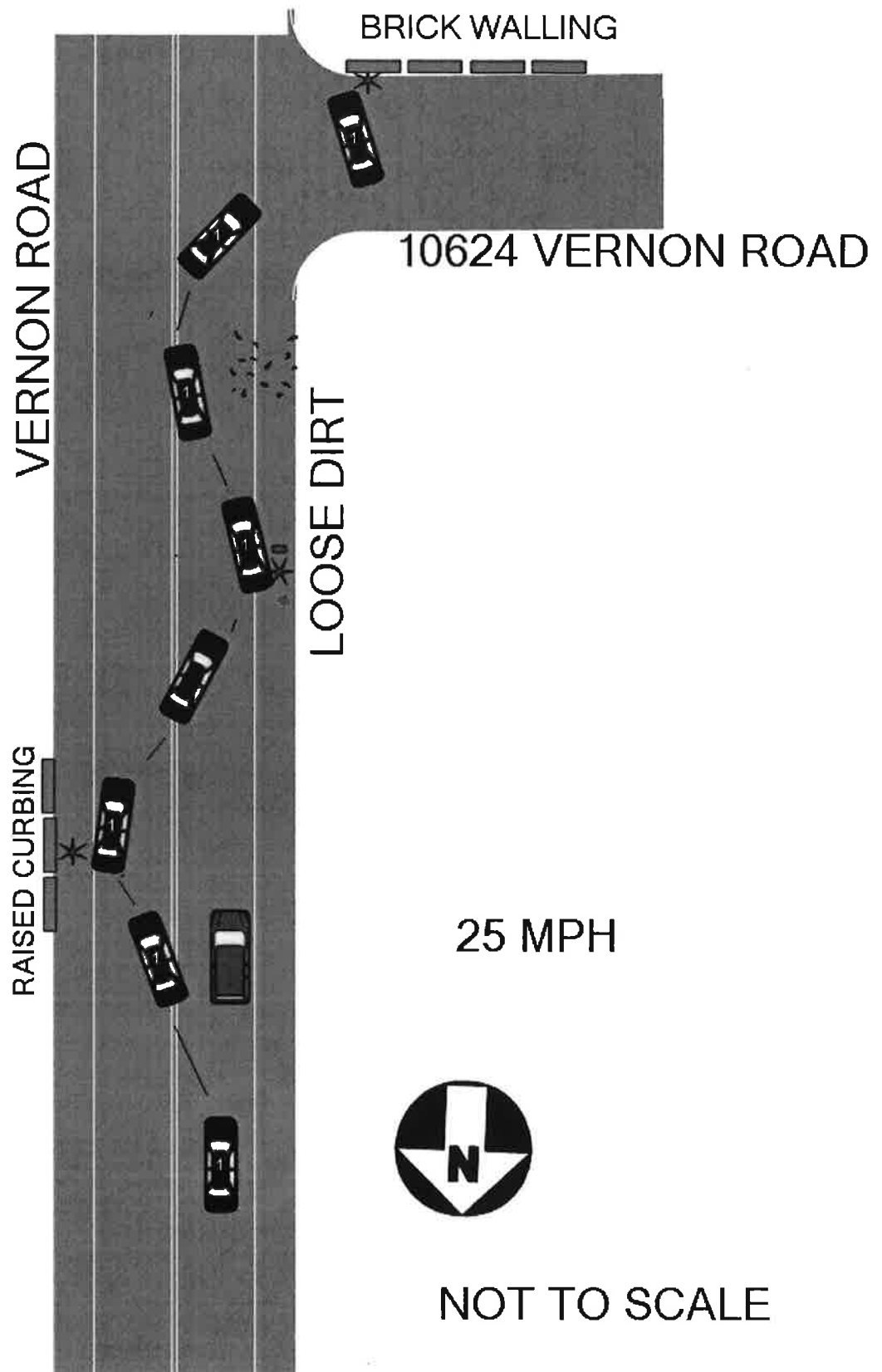
APPROVED BY

DATE

**BOB SUMMERS 079**

**8/14/2015 11:35:28 AM**

BADGE OR ID #	<b>0134</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>10:58 PM</b>	TIME POLICE ARRIVED	<b>11:01 PM</b>
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# LAKE STEVENS POLICE DEPARTMENT

## FOLLOW-UP / ROUTING SHEET

		CASE NUMBER	15-1787
MUST HAVE <b>CITATION NUMBER</b> OR <b>SUSPECT</b> INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		DATE	
CITATION #	SUSPECT	DOB	
CITATION #	SUSPECT	DOB	
CITATION #	SUSPECT	DOB	

OFFICER / DETECTIVE REQUEST		
<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE		<input type="checkbox"/> NO FURTHER ACTION REQUIRED
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY		
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)		<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY FOR RECORDS
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:
DATE SENT: 8/17/15		BY: SGA

<input type="checkbox"/> FORWARD <b>ORIGINAL FILE</b> WITH THE <b>FOLLOW-UP</b> TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR <b>FELONY</b> CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE ( <b>ATTACH PROSECUTOR REQUEST FORM</b> )		
<input type="checkbox"/> INVESTIGATIONS	OFFICER ASSIGNED	DUE DATE

CASE CLOSED	
<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR	DATE SIGNED
SERGEANT APPROVAL	DATE SIGNED

RECORDS DATA ENTRY	ADDITIONAL	PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>	
RECORDS:					DATE:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

# **ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>RECKLESS DRIVING</b>	INCIDENT NUMBER <b>15-01787</b>
NAME OF VICTIM(S)		

## **Narrative:**

On 07/16/15 at approximately 2258 hours, I was working as a general commissioned uniformed Police Officer for the City of Lake Stevens Police Department driving a marked police vehicle equipped with emergency lights and sirens.

I was dispatched to 10621 Vernon Road in Lake Stevens, regarding a collision.

When Officer Rutherford and I arrived, we saw a beige full sized SUV stopped in southbound lane of Vernon Road and a wrecked black small sports car in a driveway off on the west side of Vernon Road. There were a number of individuals standing around looking at the scene.

Officer Rutherford contacted Hagar, Arthur G (DOB 03/19/64), who was driving the SUV. Hagar stated he was driving southbound on Vernon Road and saw two vehicles driving behind him that seemed to be racing side by side at speeds exceeding 50mph in a 25mph speed zone. It should be noted this section of roadway is two (2) lanes, north and south bound travel. Hagar thought he was going to be rear-ended by the vehicle that wrecked, identified with license ACR9591 and driven by Hamik, Anthony Leonard J (DOB 08/30/88), but the vehicle swerved left to miss him. Hagar stated that Hamik, upon swerving to avoid hitting him, swerved across northbound Vernon Road and collided into a raised curb. Hagar then saw Hamik swerve back across northbound and southbound Vernon Road hitting and damaging a posted locked mailbox on the side of the road of southbound Vernon Road. Upon hitting and damaging the mailbox, Hamik entered loose dirt on the side of southbound Vernon Road. Hagar stated at that time, there was a complete dust cloud blinding his vision of the road and Hamik's vehicle. Hagar stated that after the dust settled, he could see Hamik's wrecked vehicle sideways in the driveway of 10624 Vernon Road.

Reference statement- Hagar, Arthur G

Officer Rutherford and I could see in the area where Hagar stated he lost sight of Hamik and could see that Hamik over corrected and swerved out of control. Hamik swerved back across southbound, northbound and then southbound Vernon Road until crashing to a complete stop into brick walling located in the driveway of 10624 Vernon Road. Hamik's vehicle had three blown tires, where his rear left tire was torn off the wheel. All side windows of the vehicle were blown out due to the impact. The rear bumper was ripped off the vehicle. Both Hamik and his passenger, identified as Santjer, Jimmy L (DOB 12/10/87), stated they were not injured and refused medical treatment.

Reference statement- Santjer, Jimmy L (DOB 12/10/87)

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER <b>C. LYONS #134</b>	APPROVED BY 
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**ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>RECKLESS DRIVING</b>	INCIDENT NUMBER <b>15-01787</b>
NAME OF VICTIM(S)		

I was contacted by a witness, identified as Matthews, Paula J (DOB 05/06/60), who stated that her mailbox was destroyed. Matthews stated that she heard vehicles racing down Vernon Road and then heard the sound of a crash. Matthews stated there were two cars and a SUV.

Reference statement- Matthews, Paula J

I was contacted by Reynolds, Sara D (DOB 02/09/65) and Reynolds, Taiya M (DOB 12/01/98), who stated they both heard the crash. Sara stated when she heard the crash, she looked out her window and saw Hamik's vehicle crashing into the driveway at 10624 Vernon Road. Sara stated that she saw the driver of the SUV checking on the wrecked vehicle, where two males, which seemed ok, exit the wrecked vehicle. Sara stated at that moment, another vehicle took off from the scene. Taiya's statement confirmed the same statement from Sara, but Taiya stated the other vehicle, raced off. Taiya stated the vehicle that raced off had a "fin" or spoiler on the back of it. Taiya could not make out a license plate.

Reference statements- Reynolds, Sara D and Reynolds Taiya M

Rescue Towing placed Hamik's vehicle on their flatbed truck and towed it off the scene around 2330 hours.

I informed Hamik that he was not under arrest, but he was being cited for reckless driving. I informed Hamik that he would be receiving his citation by mail. Citation # 5Z0823530.

Hagar offered Hamik and Santjer a ride to where they needed to go.

I cleared the scene at 2344 hours.

**Attachments:**

Statement- Hagar, Arthur G  
Statement- Santjer, Jimmy L  
Statement- Matthews, Paula J  
Statement- Reynolds, Sara D  
Statement- Reynolds Taiya M  
Copies of still photographs (20)  
Evidence log sheet  
CAD run

**Recommendations:**

Forward to Lake Stevens Prosecuting Attorney.

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER <b>C. LYONS #134</b>	APPROVED BY <b>LS #71</b>
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# STATE OF WASHINGTON UNIFORM INCIDENT REPORT

DATA		AGENCY NAME <b>LAKE STEVENS POLICE DEPT.</b>		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER <b>15-01787</b>	
		TYPE OF REPORT <input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT		<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE	
		<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:		<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED			
		INCIDENT CLASSIFICATION <b>Reckless Driving</b>					
		LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL					
		ADDRESS / LOCATION OF INCIDENT <b>10600 Block Of Vernon Road</b>		PREMISES TYPE / NAME <b>City Street</b>		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>	
		REPORTED ON		OCCURRED ON OR FROM		OCCURRED TO	
		MONTH <b>07</b>	DAY <b>16</b>	YEAR <b>15</b>	TIME <b>2258</b>	DOW <b>Thu</b>	
		MONTH <b>07</b>	DAY <b>16</b>	YEAR <b>15</b>	TIME <b>2228</b>	DOW <b>Thu</b>	
		MONTH <b>07</b>	DAY <b>16</b>	YEAR <b>15</b>	TIME <b>2344</b>	DOW <b>Thu</b>	
PERSONS / BUSINESS		ADDL ON SUPP <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT.		CODES V - VICTIM W - WITNESS G - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD	
		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE		I - INDIVIDUAL B - BUSINESS F - FINANCIAL	
		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK			
		NO. <b>V1</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Matthews, Paula J</b>		RACE <b>W</b>	ETH
		SEX <b>F</b>	DOB <b>050660</b>	HGT	WGT	HAIR	EYES
		STREET ADDRESS		CITY		STATE	ZIP CODE
		RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NO
		HATE / BIAS		TYPE VIC		TYPE INJ.	
		VICTIM OF OFNS#		OFNDR#		RELAT.	
		NO. <b>W1</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Hagar, Arthur G</b>		RACE <b>W</b>	ETH
		SEX <b>M</b>	DOB <b>031964</b>	HGT <b>61</b>	WGT <b>250</b>	HAIR	EYES <b>BLU</b>
		STREET ADDRESS <b>10831 Vernon Road</b>		CITY <b>Lake Stevens</b>		STATE <b>WA</b>	ZIP CODE <b>98258</b>
		RESIDENCE PHONE <b>425-344-1247</b>		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NO
		HATE / BIAS		TYPE VIC		TYPE INJ.	
		VICTIM OF OFNS#		OFNDR#		RELAT.	
SUSPECT / SUBJECT		NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:		SUSPECT CODES		A - ARREST R - RUNAWAY	
		S - SUSPECT M - MISSING		I - INSTITUTIONAL (MENTAL / DETOX)		X - OTHER	
		NO. <b>A1</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Hamik, Anthony Leonard J</b>		RACE <b>W</b>	ETH
		SEX <b>M</b>	DOB <b>083088</b>	HGT <b>63</b>	WGT <b>175</b>	HAIR	EYES <b>BRN</b>
		ALIAS NAME(S)		IDENTIFIERS			
		STREET ADDRESS <b>929 58th Pl Sw</b>		CITY <b>Everett</b>		STATE <b>WA</b>	ZIP <b>98203</b>
		EMPLOYMENT / OCCUPATION / SCHOOL		BUS. PHONE		SOCIAL SECURITY NUMBER	
		DRIVERS LICENSE / I.D. CARD NO. <b>HAMIKAL125NT</b>		STATE <b>WA</b>			
		IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #	
		ARREST DATE		LOCATION OF ARREST		CHARGES	
		AFFILIATION		ON VIEW ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO		CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN.		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH	
		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>			
		JUV. PARENT GDN. NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME / RELATIONSHIP OF PERSON NOTIFIED		DATE / TIME NOTIFIED	
		NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>			
VEHICLE / TRAILER / BOAT		VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input checked="" type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE	
		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input checked="" type="checkbox"/> SUSPECT'S VEH.	
		NO. <b>1</b>	LICENSE NUMBER <b>ACR9591</b>	STATE <b>WA</b>	VIN / HULL NUMBER <b>JF1GR7E64BG816</b>	YEAR <b>11</b>	MAKE <b>SUBARU</b>
		MODEL <b>IMP5D</b>	STYLE <b>5D</b>	SPECIAL FEATURES / DESCRIPTION <b>BLK</b>		VALUE/STOLEN \$	
		VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> TOWED		TOW COMPANY NAME / ADDRESS / PHONE <b>Rescue Towing</b>		DRIVER IS: <input type="checkbox"/> R / O <input checked="" type="checkbox"/> PERSON # <b>A1</b>	
		REGISTERED OWNER'S NAME <b>SAME</b>		REGISTERED OWNER'S ADDRESS		STATE TOW NO.	
		LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO	KEYS IN VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	DELINQ. PAYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	VICTIM CONSENT <input type="checkbox"/> YES <input type="checkbox"/> NO	THEFT INS. <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVE-ABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
		DAMAGE TO VEHICLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SPECIFY DAMAGE BY <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 5 3 1 8 6 4 2	
		DAMAGE EST <b>\$</b>					
SIGNATURE		MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 63 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.					
		<input type="checkbox"/> RELEASED PROPERTY TO _____ <input type="checkbox"/> I DO <input type="checkbox"/> DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE <input type="checkbox"/> THE NAMED JUVENILE IS PRESENTLY A RUNAWAY <input type="checkbox"/> THE NAMED PERSON IS PRESENTLY MISSING					
		<input type="checkbox"/> I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE <input checked="" type="checkbox"/> REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E)					
		SIGNATURE OF PERSON _____ DATE _____					
STATUS		OFFICER NAME / NUMBER <b>C. Lyons #134</b>		AREA <b>N</b>		APPROVED BY <b>[Signature]</b>	
		ASSIGNED		DATE			
		FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR		<input type="checkbox"/> MARYS <input type="checkbox"/> EVERGN		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS		<input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		DATA ENTERED	
						DATE	

15-01787

# ADDITIONAL PERSONS / VEHICLES

AGENCY NAME <b>LAKE STEVENS POLICE DEPT.</b>				INCIDENT CLASSIFICATION <b>RECKLESS DRIVING</b>				INCIDENT NUMBER <b>15-01787</b>										
ADDL ON SUPP		<input checked="" type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG OWNER		TYPE VICTIM CODE		I - INDIVIDUAL B - BUSINESS E - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - LINK		
NO. <b>W2</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Reynolds, Sara D</b>				RACE <b>W</b>	ETH	SEX <b>F</b>	DOB <b>020965</b>	HGT <b>51</b>	WGT <b>135</b>	HAIR <b>BRN</b>	EYES <b>BRN</b>					
STREET ADDRESS <b>10701 Vernon Road</b>						CITY <b>Lake Stevens</b>		STATE <b>WA</b>		ZIP CODE <b>98258</b>								
RESIDENCE PHONE <b>425-344-6941</b>		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.		
NO. <b>W3</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Reynolds, Taiya M</b>				RACE <b>W</b>	ETH	SEX <b>F</b>	DOB <b>120198</b>	HGT <b>55</b>	WGT <b>120</b>	HAIR <b>BLN</b>	EYES <b>GRN</b>					
STREET ADDRESS <b>10701 Vernon Road</b>						CITY <b>Lake Stevens</b>		STATE <b>WA</b>		ZIP CODE <b>98258</b>								
RESIDENCE PHONE <b>425-344-6941</b>		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.		
NO. <b>W4</b>	NON-DISC.	NAME (LAST, FIRST, MIDDLE) <b>Santjer, Jimmy L</b>				RACE <b>W</b>	ETH	SEX <b>M</b>	DOB <b>121087</b>	HGT <b>61</b>	WGT <b>185</b>	HAIR <b>BLN</b>	EYES <b>BLU</b>					
STREET ADDRESS <b>811 94<sup>th</sup> Ave Se</b>						CITY <b>Lake Stevens</b>		STATE <b>WA</b>		ZIP CODE <b>98258</b>								
RESIDENCE PHONE <b>425-319-5632</b>		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.		
SUSPECT / SUBJECT																		
SUSPECT CODES: A - ARREST R - RUNAWAY S - SUSPECT M - MISSING I - INSTITUTIONAL (MENTAL / DETOX) X - OTHER																		
NO.	NAME (LAST, FIRST, MIDDLE)					RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES				
ALIAS NAME(S)						IDENTIFIERS												
STREET ADDRESS						CITY				STATE		ZIP		RES. PHONE □ □ □ □				
EMPLOYMENT / OCCUPATION / SCHOOL						BUS. PHONE		SOCIAL SECURITY NUMBER				DRIVERS LICENSE / I.D. CARD NO:				STATE		
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES 1. M <input type="checkbox"/> F <input type="checkbox"/> 2. M <input type="checkbox"/> F <input type="checkbox"/> 3. M <input type="checkbox"/> F <input type="checkbox"/>				CITATION / WARRANT # / AGENCY				BAIL				
ARREST DATE		LOCATION OF ARREST																
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER				MULTI CLEAR <input type="checkbox"/>		
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED					DATE / TIME NOTIFIED				NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>					
NO.	NAME (LAST, FIRST, MIDDLE)					RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES				
ALIAS NAME(S)						IDENTIFIERS												
STREET ADDRESS						CITY				STATE		ZIP		RES. PHONE				
EMPLOYMENT / OCCUPATION / SCHOOL						BUS. PHONE		SOCIAL SECURITY NUMBER				DRIVERS LICENSE / I.D. CARD NO:				STATE		
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES 1. M <input type="checkbox"/> F <input type="checkbox"/> 2. M <input type="checkbox"/> F <input type="checkbox"/> 3. M <input type="checkbox"/> F <input type="checkbox"/>				CITATION / WARRANT # / AGENCY				BAIL				
ARREST DATE		LOCATION OF ARREST																
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER				MULTI CLEAR <input type="checkbox"/>		
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED					DATE / TIME NOTIFIED				NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>					
VEHICLE / TRAILER / BOAT																		
VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> SUSPECT'S VEH.		<input type="checkbox"/> HOLD FOR:						
NO.	LICENSE NUMBER			STATE	VIN / HULL NUMBER			YEAR	MAKE		MODEL		STYLE					
COLOR		SPECIAL FEATURES / DESCRIPTION					VALUE \$		DRIVER IS: <input type="checkbox"/> R / O <input type="checkbox"/> PERSON #		REGISTERED OWNER'S NAME							
VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> LOCKED					TOW COMPANY NAME / ADDRESS / PHONE			STATE TOW NO.		REGISTERED OWNER'S ADDRESS								
KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>		VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>		THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>		DRIVE-ABLE Y <input type="checkbox"/> N <input type="checkbox"/>		DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>		SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7	5	3	1	DAMAGE EST \$
														8	6	4	2	

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 15-01787

### VICTIM / WITNESS

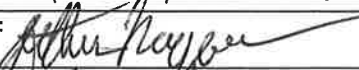

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) ARTHUR HAZAR	RACE W	ETH	SEX M	DOB 3/19/64	AGE 51	HGT 61	WGT 240	HAIR BRN	EYES BLU
STREET ADDRESS 10831 VERNON RD.		CITY LAKE STEVENS			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425-344-1247		CELL PHONE 425-280-3736			PLACE OF EMPLOYMENT BOEING					
WORK PHONE		EMAIL ADDRESS AHAR38@GMAIL.COM								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

HEADING HOME FROM WORK, I WAS EAST ON LUNDEN THEN LEFT ON VERNON RD AROUND THE CURVE.

I LOOKED ~~BEHIND~~ BEHIND ME AND SAW TWO CARS THAT SEEMED TO BE GOING FAST, I LOOKED AGAIN AND IT LOOKED LIKE THEY WERE BESIDE EACH OTHER, I HAD NOWHERE TO GO, THE SUBARU PASSED ME AND LOST CONTROL OF THE CAR

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 7/16/15	LOCATION SIGNED 10624 VERNON
OFFICER/NUMBER:  #134	DATE SIGNED 7/16/15	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_\_ OF \_\_\_\_

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

15-01787

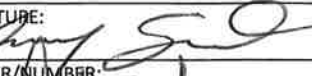

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Santier, Jimmy Lee	RACE white	ETH	SEX M	DOB 12-10-87	AGE 27	HGT 6'1"	WGT 185	HAIR Brown	EYES Blue
STREET ADDRESS 811 94th Ave SE		CITY Lake Stevens		STATE WA		ZIP 98288		RES. STATUS		
HOME PHONE 425-391-5632		CELL PHONE		PLACE OF EMPLOYMENT Superior Cement Finishing						
WORK PHONE		EMAIL ADDRESS Santier32@gmail.com								

I, Jimmy Santier, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

car was tailgating us it looked like to  
the car in front slowed down and  
we merged left and lost control.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 7-16-15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER:  #134	DATE SIGNED 7/16/15	LOCATION SIGNED Lake Stevens

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PAGE \_\_\_ OF \_\_\_

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

15-01787

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) MATTHEWS Paula J	RACE W	ETH	SEX F	DOB 5-6-60	AGE 55	HGT	WGT	HAIR	EYES
STREET ADDRESS 10621 VERNON Rd		CITY LAKE STEVENS		STATE WA		ZIP 98258		RES. STATUS RES		
HOME PHONE 425-322-4303		CELL PHONE 425-289-4686		PLACE OF EMPLOYMENT Snahomish Parks						
WORK-PHONE		EMAIL-ADDRESS Paula.Matthews@comcast.net								

I, Paula Matthews, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We heard a loud bang & screeching tires.  
 Looked out window saw stopped cars  
 SUV in ditch - called 911  
 Went down to street - Our mail box WAS  
 demolished & knocked at least  
 15- to 20 Feet from base.  
 Base of mailbox also destroyed.  
 It is a mail box locking box  
 due to thefts in the area.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Paula Matthews</u>	DATE SIGNED 7-16-15	LOCATION SIGNED 10621 Vernon Rd
OFFICER/NUMBER: <u>[Signature]</u> #134	DATE SIGNED 7/16/15	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_ OF \_\_\_

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

15-01787

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Reynolds, Sara Dolores	RACE	ETH	SEX F	DOB 2/9/65	AGE 50	HGT	WGT	HAIR BRN	EYES BRN
STREET ADDRESS 10707 Vernon Rd		CITY Lake Stevens			STATE WA	ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425 344 6941			PLACE OF EMPLOYMENT Lake Stevens School Dist.					
WORK PHONE		EMAIL ADDRESS PRPLHRT9@comcast.net								

I, Sara Reynolds, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Loud

I heard noise and looked out my bedroom window. I saw a 2dr car hit the hedges and spin into the driveway of the house ~~across~~ across the street. Soon after I saw a truck stop and the driver asked if they were ok. Then I saw another car ~~to~~ drive off. The people in the car got out of the vehicle and seemed ok.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Sara Reynolds</u>	DATE SIGNED 7/16/15	LOCATION SIGNED Lake Stevens, WA
OFFICER NUMBER: <u>#134</u>	DATE SIGNED 7/16/15	LOCATION SIGNED Lake Stevens

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PAGE \_\_\_ OF \_\_\_



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

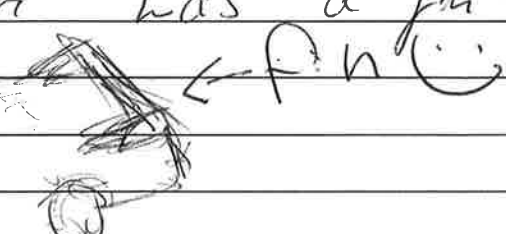
CASE NUMBER

15-01787

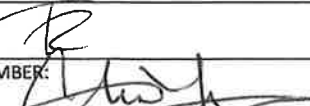
### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Reynolds, M. Tanya	RACE	ETH	SEX F	DOB 12/01/98	AGE 16	HGT 65 in	WGT 120	HAIR blonde	EYES green
STREET ADDRESS 10701 Vernon rd		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425-344-6941		CELL PHONE 425-870-6296			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Tanya Reynolds, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Nearing 11 o'clock, there was loud crashing outside my window, metal and tires screeching. I walked onto my balcony to see what all of the cacophony was about. I saw a ~~black~~ <sup>hatchback</sup> back bumper torn off, across the street, a truck parked on the right side, and a black (almost looked matte, perhaps just very dirty) 4 door poss. 2 door sedan ran off. Windows, at least windshield, did not appear tinted. There was a 'fin' on the back end, the truck. 

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 7/16/15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: #134	DATE SIGNED 7/16/15	LOCATION SIGNED Lake Stevens

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LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>C Lyons #134</i>		Case Number <i>15-01707</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Reckless Driving</i>		Date/Time: <i>7/16/15 @ 2258</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkng will be held for 60 days or 60 days past owner notification			

Case # 15-01707

Item #  Action #	66-1	CD of pics of collision	Brand Name	Storage Location	Disposition
		Brand/Model/Caliber	(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name                      Address                      City                      State                      Zip                      Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Item #  Action #			Brand Name	Storage Location	Disposition
		Brand/Model/Caliber	(Further Description)		
		Serial #	Where Found		
Owner's Name                      Address                      City                      State                      Zip                      Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Item #  Action #			Brand Name	Storage Location	Disposition
		Brand/Model/Caliber	(Further Description)		
		Serial #	Where Found		
Owner's Name                      Address                      City                      State                      Zip                      Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Item #  Action #			Brand Name	Storage Location	Disposition
		Brand/Model/Caliber	(Further Description)		
		Serial #	Where Found		
Owner's Name                      Address                      City                      State                      Zip                      Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Item #  Action #			Brand Name	Storage Location	Disposition
		Brand/Model/Caliber	(Further Description)		
		Serial #	Where Found		
Owner's Name                      Address                      City                      State                      Zip                      Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC	✓	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	



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15 017871

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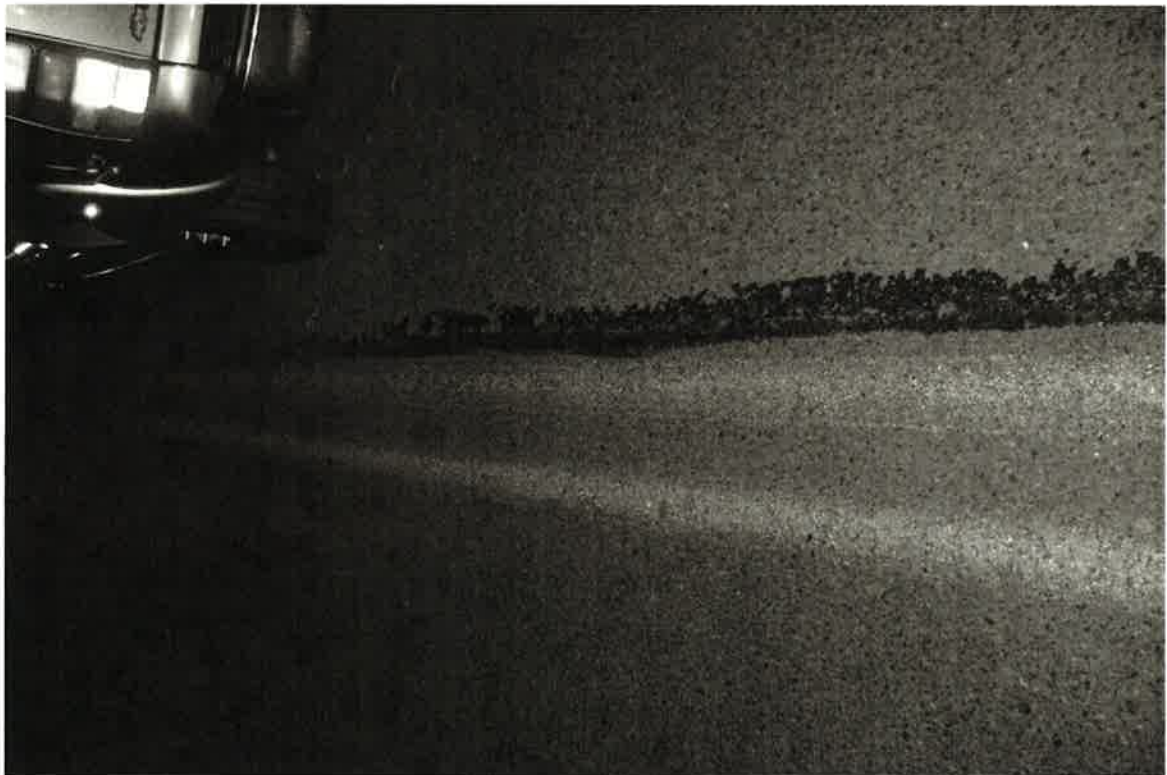
15-01787

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Incident History for: #SS15014163 Xref: #AG15002112

Case Numbers: \$SS15001787

Entered 07/16/15 22:58:34 BY SPCT08 SP0323

Dispatched 07/16/15 22:59:01 BY SPDP17 SP0261

Enroute 07/16/15 22:59:01

Onscene 07/16/15 23:01:09

Closed 07/16/15 23:44:08

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377F-6 Group: SS1 Beat: NORT

Src: T

Loc: 10621 VERNON RD , LKS btwn LAKEVIEW DR & 18 ST NE (V)

Loc Info:

Name: HAGAR, ARTHUR/WITNESS

Addr:

Phone: 4253224303

/2258 (SP0323) ENTRY , UNK IN, 2 VEHS  
/2259 (SP0261) DISPER 19N3 #SS134 LYONS, OFFICER (CHRIS)  
#SS130 RUTHERFORD, OFCR (RICH)  
/2259 (SP0386) SUPP LOC: 10624 VERNON RD , LKS,  
TXT: CC, NOW, NON-INJ, NON-BLCKING, BLK SUBARU V  
S BLK PC, POSS DRAG RACING  
/2258? (SP0323) SUPP PHO: 4253224303,  
TXT: BLOCKING, DRK SUV L/ AAF6302  
/2300 (SP0261) ASSTER 19S11 #SS71 VALVICK, SGT (CRAIG)  
/2300 (SP0386) SUPP LOC: 10624 VERNON RD , LKS,  
NAM: HAGAR, ARTHUR/WITNESS,  
PHO: 4252803736  
/2300 (SP0323) SUPP NAM: MATHEWS, PAULA  
/2301 (SP0261) ONSCNE 19N3  
/2301 (SS134 ) REMINQ 19N3 MDTVEH, AAF6302, , WA, , , , , , , , ,  
/2302 (SS71 ) \*ONSCNE 19S11  
/2303 (\*\*\*\*\*) REMINQ 19N3 AAF6302  
/2303 (SP0261) REMINQ 19N3 LIC, 19N3, AAF6302, , ,  
/2304 (\*\*\*\*\*) REMINQ 19N3 ACR9591  
/2304 (SP0261) REMINQ 19N3 LIC, 19N3, ACR9591, , ,  
/2308 ROTREQ 19N3 TOW 5745 LKS RESCUE TOWING  
4253345821  
/2308 MISC 19N3 , 3 FLAT TIRES  
/2309 (\*\*\*\*\*) REMINQ 19N3 HAMIK. ANTHONY. L. 08301988. .  
/2309 (SP0261) REMINQ 19N3 NAME, 19N3, HAMIK, ANTHONY, L, 08301988, ,  
/2311 MISC 19N3 , RESCUE TOW ENRT  
/2329 ASNCAS 19N3 \$SS15001787  
/2343 (SS71 ) CLEAR 19S11  
/2344 (SP0261) CLEAR 19N3 D/H  
/2344 CLOSE 19N3